

Data Brief: Overview of the Impact of Pregnancy Intention on Maternal Behaviors During and After Pregnancy, 2013-2018

This report examines maternal behaviors, including infant care practices, in relation to pregnancy intention in the New Hampshire Pregnancy Risk Assessment Monitoring System (NH PRAMS) survey.

PRAMS is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments, which collects state-specific, population-based data on maternal behaviors and experiences before, during and shortly after pregnancy.

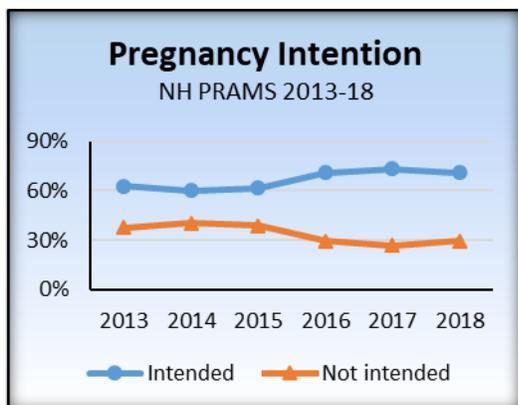
In this report, pregnancy intention is summarized as **Intended** (wanted the pregnancy then or sooner), or **Not Intended** (wanted to be pregnant later, or never, or not sure what she wanted).

There were significantly more pregnancies that were Intended than Not Intended in all years, 2013-2018.

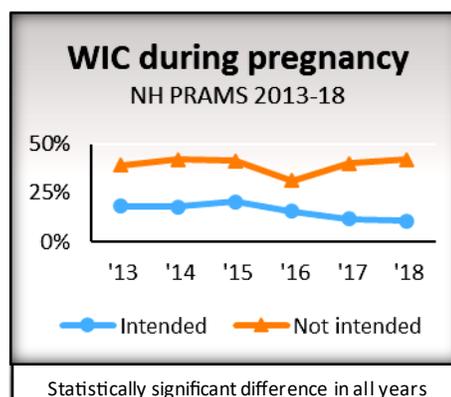
However, it is noteworthy that ...



1 in 3 pregnancies were not intended



There were significant differences in prevalence according to the intendedness of the pregnancy, among the following indicators:

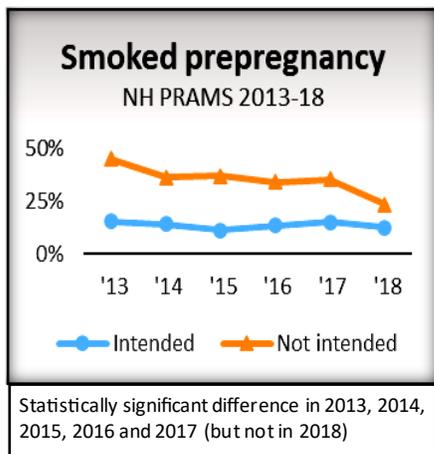


Benefits and services of WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) include healthy foods, referrals, immunizations, breastfeeding promotion and support, and nutrition education. WIC is one of the nation's most successful and cost-effective nutrition intervention programs.¹

¹ <https://www.fns.usda.gov/wic/wic-benefits-and-services>

WIC services were utilized by approximately twice as many women whose pregnancy was not intended, ranging from 31-42%, compared to a range of 11-20% among women whose pregnancy was intended.

Key Take-away: WIC should be promoted to all eligible women as soon as they become pregnant. WIC participation is linked with longer gestation periods, higher birth weights, and lower infant mortality.

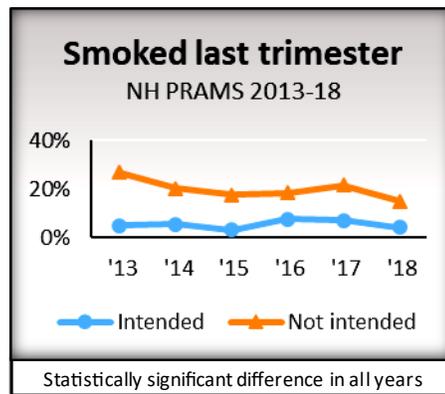


Cigarette smoking is the leading cause of preventable death in the US, accounting for nearly 500,000 deaths yearly, and it increases the risk of death from all causes.²
² https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

The prevalence of smoking before pregnancy among women whose pregnancy was not intended ranged from 24-45%, compared to a range of 11-15% among women whose pregnancy was intended. While smoking is considerably less frequent among women desiring a pregnancy, it is still relatively high given the extent of known harmful effects of smoking.

Key Take-away: The declining trend of pre-pregnancy smoking is encouraging, but smoking cessation should continue to be encouraged and supported for health throughout the life cycle.

Smokers can get help online at <https://quitownh.org/>



Smoking during pregnancy is harmful to both mother and baby, with nicotine and other chemicals possibly damaging the baby's lungs and brain. Smoking during pregnancy can lead to premature birth, low birth weight, miscarriage, birth defects, or sudden infant death syndrome.³

³ <https://www.marchofdimes.org/pregnancy/smoking-during-pregnancy.aspx>

Smoking in the last trimester is, on average, 3 **times more frequent among women whose pregnancy was not intended**, ranging from 15-27%; when the pregnancy was intended only 3-8% of women reported smoking in the last trimester.

Key Take-away: Providers should strongly emphasize the dangers for the baby of smoking during pregnancy, and they should be aware that smoking is more frequent when the pregnancy is not intended. To help patients quit tobacco, see the online resource <https://quitworksnh.org/>.

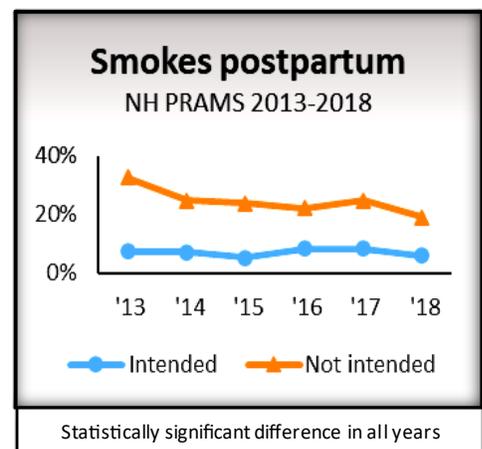
Cigarette smoking remains the leading cause of preventable disease, disability and death in the US, and secondhand smoke harms the infant as well as the mother and others in the household—there is no risk-free level of secondhand smoke exposure.⁴

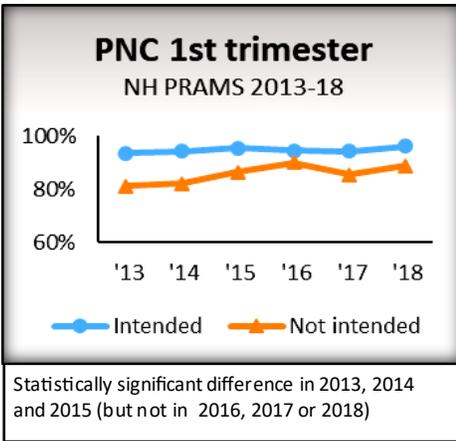
⁴ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm?s_cid=osh-stu-home-spotlight-001

Postpartum smoking is significantly more prevalent among women who did not intend to get pregnant; the level of smoking among these women has decreased from over 30% in 2013, but still remains high at approximately 19%.

Key Take-away: The rate of postpartum smoking is higher than the rate of smoking during pregnancy, indicating that some women who quit during pregnancy resumed smoking after delivery. While quitting during pregnancy is highly desirable, it is regrettable that the smoking cessation was not permanent. Efforts should be made to reinforce cessation, and prevent resumption.

Smokers can get help online at <https://quitownh.org/>



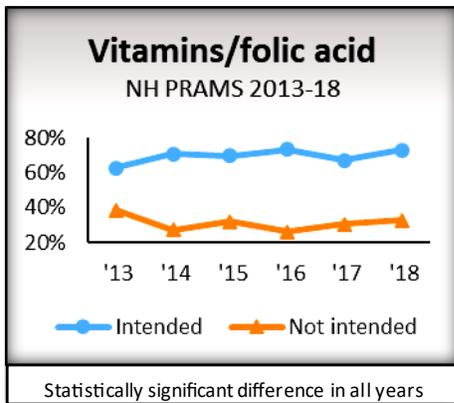


Early and regular prenatal care (PNC) improves the chances of having a healthy pregnancy and delivering a healthy baby. The mother can be counseled to practice healthy behaviors to reduce the risk of pregnancy complications as well as complications for the fetus or infant.⁵

⁵ <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>

Women whose pregnancy was not intended consistently had a lower prevalence of beginning prenatal care in the first trimester, ranging from 81-90%, compared to women whose pregnancy was intended, who reported in the range of 94-96%.

Key Take-away: Prenatal visits should begin as soon as pregnancy is suspected. This may be difficult to accomplish when a pregnancy is not intended, because the woman may not be aware of her pregnancy in the early stages.

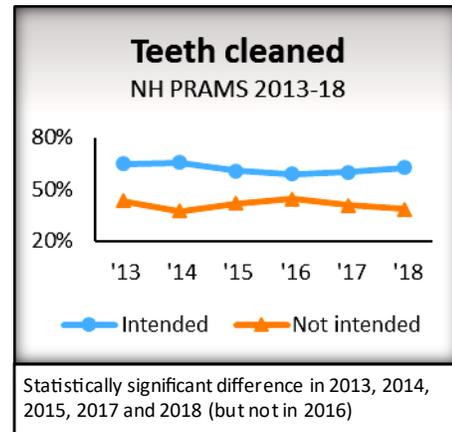


CDC urges all women of reproductive age to take 400 micrograms of folic acid each day, to help prevent some major birth defects of the baby's brain (anencephaly) and spine (spina bifida).⁶

⁶ <https://www.cdc.gov/ncbddd/folicacid/about.html>

The consumption of vitamins or folic acid supplement was significantly less frequent among women whose pregnancy was not intended, ranging in prevalence from 26-39%, compared with women whose pregnancy was intended, who reported a prevalence of 63-73%.

Key Take-away: All women 15-45 should be encouraged to take a folic acid supplement even if not planning a pregnancy, to minimize the risk of significant birth defects should a pregnancy occur.

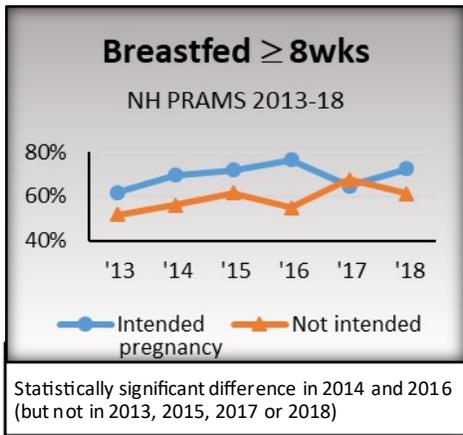


During pregnancy, women may be more prone to develop gum disease or cavities. A mother's oral health is a strong predictor of her child's oral health, and children with poor oral health are three times more likely to miss school because of dental pain.⁷

⁷ <https://www.cdc.gov/oralhealth/fast-facts/pregnancy/index.html>

The six-year average prevalence of teeth cleaning when pregnancy was intended was 62% (range 59-65%), but when the pregnancy was not intended, the average prevalence was only 41% (range 38-44%).

Key Take-away: Pregnant women should be encouraged to get regular dental care for their own health and also for the future health of their baby. Care may include education to increase women's awareness of the importance of oral health, and encouraging the adoption of healthy behaviors.



Breastfeeding protects a baby against diarrhea, respiratory tract infections, diabetes, childhood overweight and obesity. It also benefits the mother through a decreased risk of high blood pressure, type 2 diabetes, as well as breast and ovarian cancers.⁸

⁸ <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>

Women whose pregnancy was intended had a higher prevalence (except in 2017) of breastfeeding 8 or more weeks, ranging from 62-77%; in comparison, women whose pregnancy was not intended had a range in prevalence of 52-68%.

Key Take-away: Women should be encouraged to seek breastfeeding support and education during their pregnancy to reach their breastfeeding goals for optimal health for themselves and their infant.

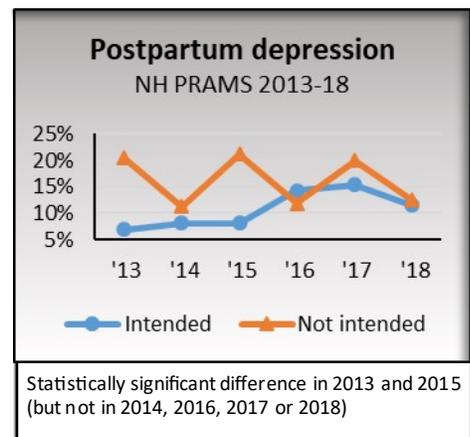
Postpartum depression is a serious mental illness that affects the behavior and physical health of 1 of every 9 new mothers shortly after giving birth.⁹

⁹ <https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>

There is a large variation by year in postpartum depression among women whose pregnancy was not intended, but only two years (2013 and 2015) show a significant difference between the two groups, with significantly higher rates of depression among women whose pregnancy was not intended. The six-year average prevalence was 11% for women with an intended pregnancy, and 16% for women with a pregnancy that was not intended.

Key Take-away: Typical ‘baby blues’ go away after 3-5 days.

If the depression persists (which is the case for 1 in 9 women), medical treatment should be sought to avoid serious and possibly devastating effects on women, infants and families.



Health indicators that showed no difference in prevalence according to the intendedness of the pregnancy were:

- Preterm birth (less than 37 weeks gestation)
- Adequacy of prenatal care (‘adequate’ or ‘better’ on the Kotelchuck index)
- Ever breastfed (breastfeeding initiation)
- Placing the infant to sleep on his/her back (AAP recommendation)

Three indicators showed a difference in prevalence in one year only (out of six) are also not included in this report:

- Low birth weight (less than 5.5 lbs)
- Small for gestational age (10th percentile)
- Flu shot before delivery

In Summary

When a pregnancy is intended (defined as wanting the pregnancy when it occurs or even sooner), this is associated with numerous healthy maternal behaviors that have been shown to ultimately contribute to a healthy pregnancy and delivery, as well as a healthy infant.

All women should be encouraged to think about their preconception or inter-conception health, and to practice healthy behaviors even when they are not seeking to become pregnant — many women are not aware of their pregnancy in the early stages. Good health practices before and during every stage of pregnancy as well as postpartum will benefit everyone in the household.

The lack of intention to be pregnant should not become a risk factor or contribute to risk factors in any woman’s pregnancy or for the health of her baby.

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